

**Michigan  
School Health  
Services Report  
(SHS)**

**1998  
Michigan Department of Education**

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# INTRODUCTION

In May 1998, the School Health Programs Unit of the Michigan Department of Education conducted a survey of Michigan public schools to examine the delivery of school health services. This survey was part of a Coordinated School Health Programs Project. Results provide baseline data used by a School Health Services Work Group to produce suggestions for schools embarking on partnerships to augment student health services. This information will be shared with local school administrations.

It is important to note that information gathered from this survey was based on perceptions held by whomever completed the questionnaire, most likely principals or secretaries. This data provides beliefs concerning certification levels of nurses who work within a school setting and funding sources for health services. An overview is given of the range of specific health services that are available to students within the school setting.

## METHODS

The School Health Services Survey (see Appendix A) was sent to all 3,380 public elementary schools, middle/junior high schools, high schools, and public school academies in the state of Michigan. One survey was sent to each administrative building, with no specification regarding who should complete the survey.

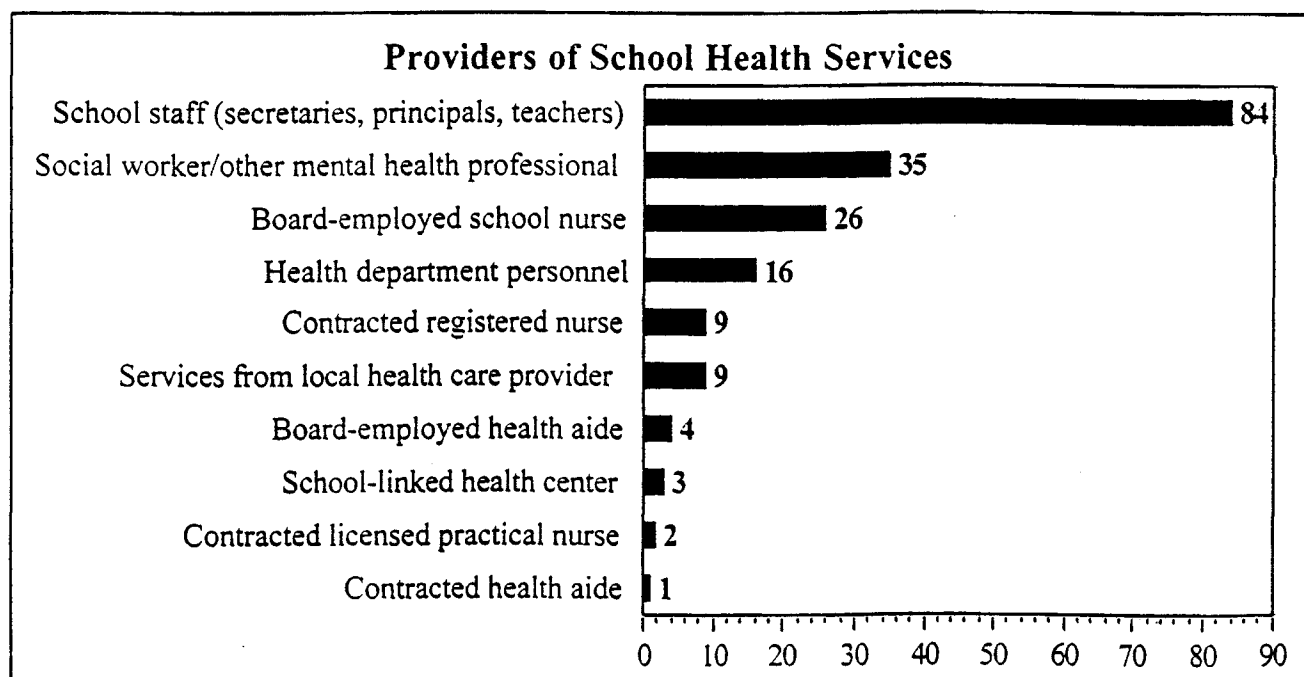
Of the 2425 surveys returned, 2,343 were used in the data analysis. Sixty-four surveys included no identifying information regarding building or district name and were therefore excluded. Fifty-three surveys were not completed in their entirety (the back page was inadvertently skipped); these surveys were included in the analysis and percentages were adjusted to account for the missing data. The overall survey response rate was 72%. No follow-up contacts were made to increase this rate.

Schools were asked to answer six closed-ended questions regarding: a) personnel providing health services; b) types of health services; c) funding for services; d) certification status of school nurses; and e) health needs assessment and evaluation data. Survey questions included multiple options and respondents were asked to check all that apply. Spaces were provided for indicating responses other than listed.

## PROVIDERS OF SCHOOL HEALTH SERVICES

Schools have assumed the responsibility for providing a range of health services that require the involvement of various school staff. Those responsible for delivering services must be consistently present and available; hence services are often delivered by the school secretaries, principals, or teachers. School nurses, historically the “backbone” providers of health services, are being required to serve more buildings with fewer full time equivalents. Consequently, many services traditionally provided by nurses are being carried out by other staff members. In addition, many schools reported using community health resources, such as local health department nurses, to deliver school health services.

- **The great majority of public school respondents (84%) identified building staff as providers of health services to their general education student population.**
- **Over one-third of Michigan public school respondents (35%) access school or community social workers or other mental health professionals in delivering health services to students. This was the second most frequent response.**

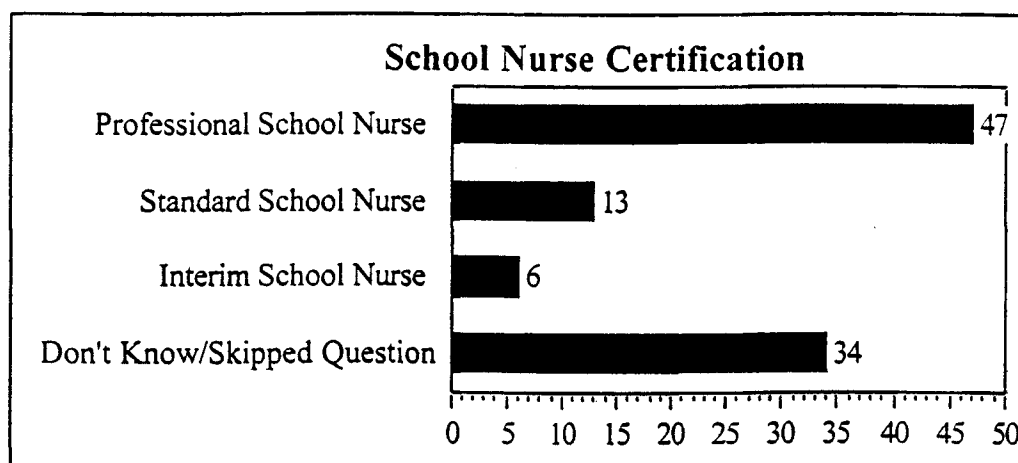


- **Over half of the responding schools (53%) have access to professionally trained health care providers (e.g., Registered Nurses, Licensed Practical Nurses, Public Health Nurses).**
- **Just over one-quarter (26%) of responding school buildings in this survey, have access to Board-employed School Nurses to deliver and/or to oversee the delivery of health services to students.**

## SCHOOL NURSE CERTIFICATION

Not all nurses who deliver health services in a school building are certified professional school nurses. The state of Michigan has very specific criteria for school nurse certification. School nurses must (1) hold a currently valid Michigan license as a registered nurse, (2) must be employed by a school district, and (3) must receive continuing education in specific content areas outlined in the School Code R 340.1161-1170. (see Appendix B). There are three levels of certification: interim school nursing certificates, standard school nursing certificates, and professional school nursing certificates. Each level corresponds to a defined level of education and experience.

- **Just under one-half (47%) of responding schools having a Board-employed School Nurse indicate that the nurse holds a Professional School Nurse Certificate, (13%) hold a standard school nurse certificate, and (7%) hold an interim school nurse certificate.**
- **Roughly one-third (34%) of responding schools with access to a Board-employed School Nurse **did not know** the certification level of that nurse.**



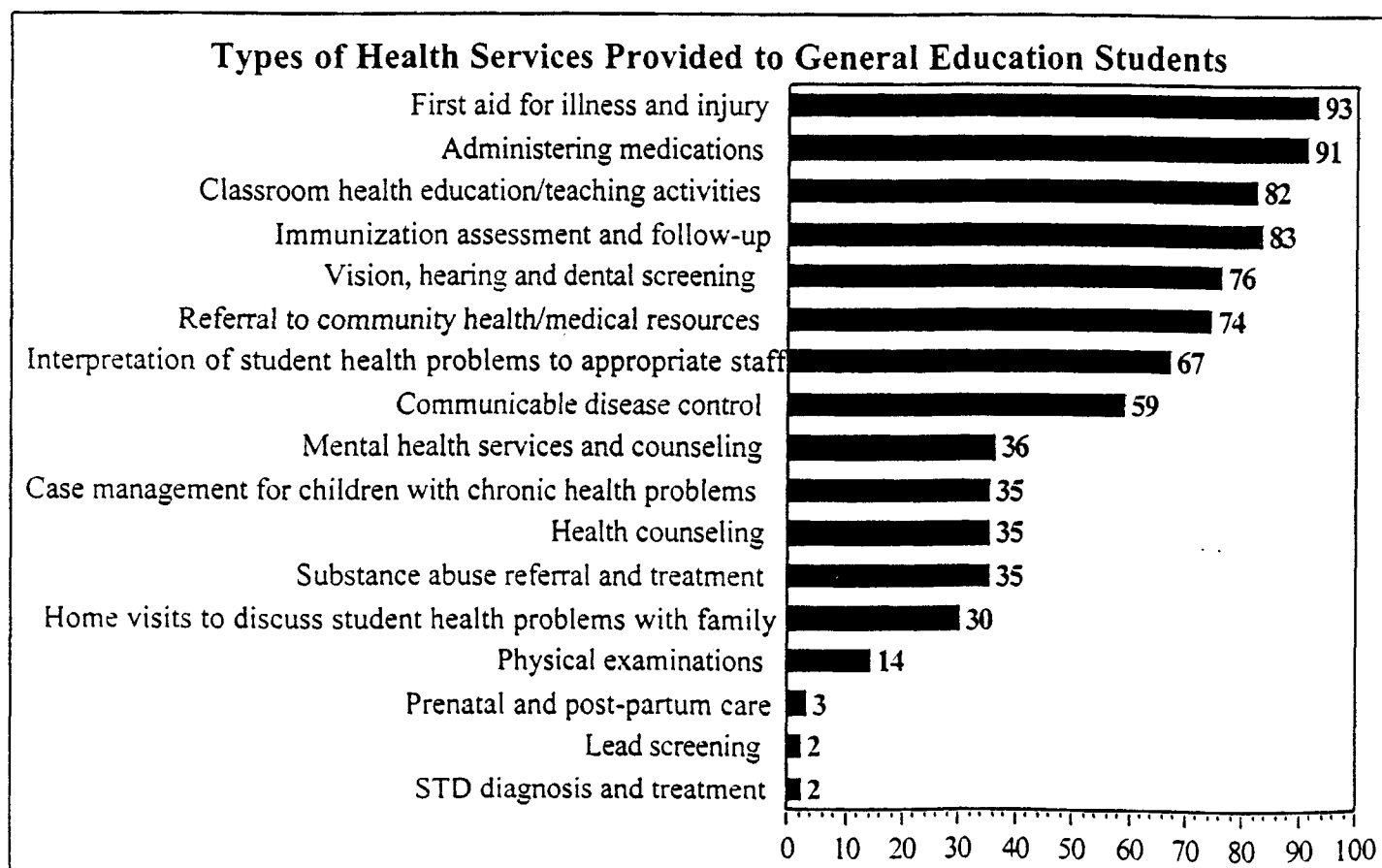
Because board-employed certified school nurses are not found in all school districts or buildings, schools are contracting, formally or informally, with outside agencies (e.g., local health department, hospital) to provide health services for students. Since these non-board employed nurses practice in school settings, it is often easy to label them “school nurses,” even when they do not meet the state’s criteria.

- **Nearly one-quarter (22%) of responding schools misclassified their non-board employed nurse as a State Certified School Nurse.**

## HEALTH SERVICES

A question was asked listing different types of health services schools may provide for their student population. Schools were asked to check all the services currently provided from a listing of 17 services.

- **Nearly all of the respondents administer first aid (93%) and medication (91%) to their general education student population.**
- Most respondents provide immunization assessment (83%), health education (82%), vision and hearing screening (76%), and referral to community resources (74%).
- Some respondents provide mental health services (36%), case management for children with chronic health problems (35%), health counseling (35%), substance abuse referral and treatment (35%), and home visits to discuss student health problems with family (30%).

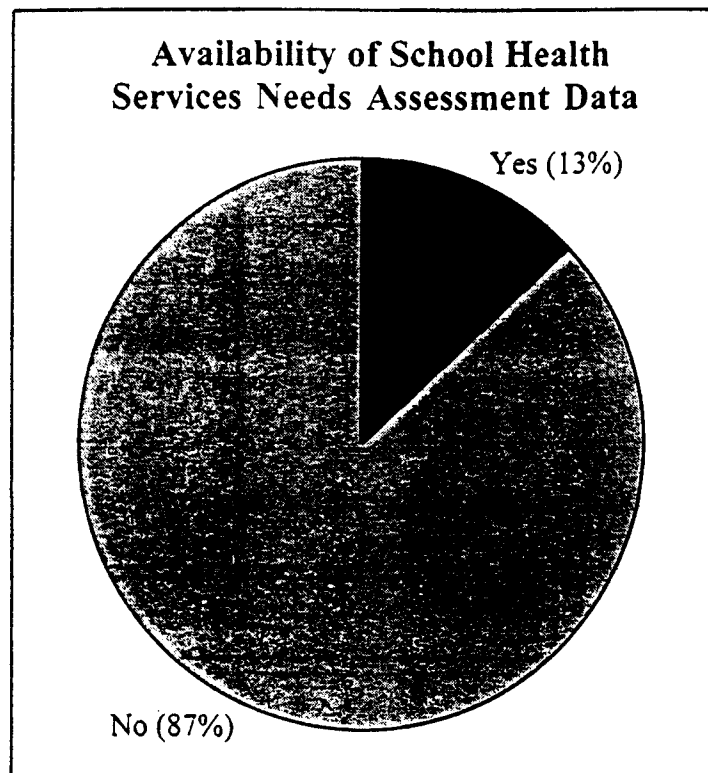


- **Very few respondent schools provide** physical examinations (14%), prenatal and post-partum care (3%), STD diagnosis and treatment (2%), or lead screening (2%).
- **Michigan students in the responding schools receive more physical examinations,** mental health counseling, and substance abuse referral and treatment services in high school than in elementary school.

## HEALTH ASSESSMENT AND EVALUATION

In order to determine whether or not schools survey their students regarding perceived health needs, a question was asked if a health needs assessment had been conducted within the past three years.

- **Relatively few responding public schools (13%) have conducted a health needs assessment** of their general education students within the past three years.



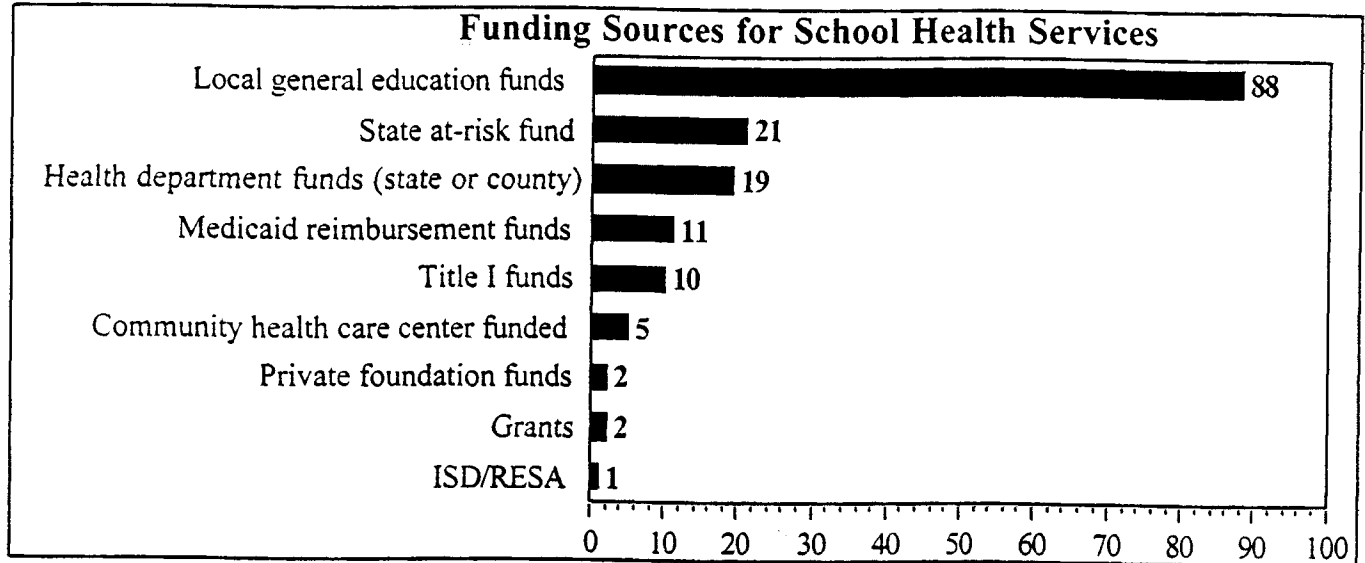
A question was asked whether or not schools evaluate the impact of existing health services on reducing student absenteeism, drop-out rates, and emergency room visits.

- **The vast majority of the responding schools (97%) do not have evaluation data** of the benefits of school health services.

# HEALTH SERVICE FUNDING SOURCES

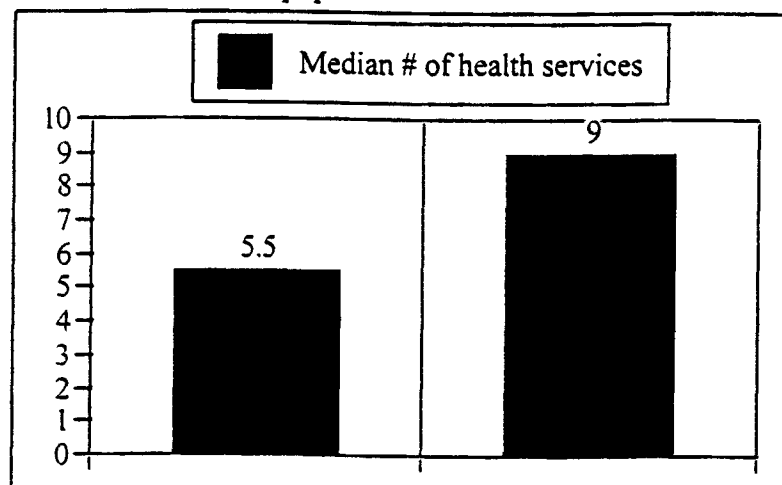
A question regarding the funding of student health services was asked to determine the diversity and creativity schools show in how they fund these services. Schools were asked to check all the funding sources that apply from seven options with the provision of an "Other (please explain)" category.

- **Most Michigan public school respondents (88%) utilize local general education funds** in order to provide student health services.



It was found that schools with multiple funding sources provide more student health services.

- **Responding schools utilizing one funding source (61%) provide a median of 5.5 health services** to their general education students.
- **Responding schools utilizing two or more funding sources (39%) provide a median of 9.0 services** to their student population.





# FINDINGS AND IMPLICATIONS: A SUMMARY

## PROVIDERS OF SCHOOL HEALTH SERVICES

- **Finding:** Public school secretaries, principals, and teachers are the predominant providers of student health services. Many schools are utilizing professional health care providers that are not employed by the school building or district.

**Implication:** School staff are being stretched beyond their skill and expertise. Schools are entering non-traditional partnerships in order to meet the health needs of their students.

- **Finding:** Most school buildings do not have access to board-employed certified school nurses. Among those certified school nurses that are board employed, most have multiple building assignments.

**Implication:** Certified school nurses that are shared by multiple buildings have little time to do hands-on nursing care for students, with the majority of their time spent on crisis situations, paperwork, and consultations. The responsibility for medications, first aid, and triaging physical complaints falls upon school secretaries, principals, and teachers.

## SCHOOL NURSE CERTIFICATION

- **Finding:** Schools are not aware of school nurse certification criteria for the nurses that are providing health services. Many schools falsely identified non-board-employed nurses as being certified schools nurses. Of the schools having a board-employed school nurse, many did not know the certification level of that nurse. Contracted registered nurses, licensed practical nurses and public health nurses employed by agencies or organizations other than school districts are not eligible to be certified as a school nurse by the state.

**Implication:** Schools need to be educated about state school nurse certification levels and criteria.

## HEALTH SERVICES

School health services positively impact children by reducing barriers to learning. Urgent and emergency care and medication assistance are the services most commonly required by students. However, the health of children is more than the absence of disease and the treatment of injury and illness. Many students enter school without having a regular and consistent health care provider that oversees their needs.

- **Finding:** The majority of public schools provide some health services for their general education students. Students are receiving basic and emergency care through the schools. Most commonly provided services involve routine health maintenance (e.g., first aid, medication administration, immunizations) and/or are required by state law.

Other health services that are integral to the health-status and learning potential of children--particularly "at-risk" children (e.g., mental health services and counseling, substance abuse referral and treatment) are provided by fewer buildings. Services involving sexual and reproductive health (e.g., prenatal care, STD diagnosis and treatment) are least likely to be provided to students.

**Implication:** Students appear to be receiving somewhat fragmented, "triaged" health services rather than broad-based, preventative health services. Integrated student health services that comprehensively address student health needs are not available.

## STUDENT HEALTH NEEDS ASSESSMENTS

Needs assessment surveys can provide valuable information about the perceived immediate and anticipated health needs perceived by students and families, staff and administrators. Programs and services can then be designed to intervene before conditions necessitate immediate responsive services. While students with special health needs receive specialized care through an individual education program (IEP) process, many general education students with chronic health problems such as asthma, severe allergies and diabetes have services and case management needs that are not being met in a coordinated manner.

- **Finding:** Most schools have not conducted a needs assessment of their general education student population. Those that have data use documented chronic disease, immunization, or vision/hearing information, but do not have information concerning what students, parents, and staff believe to be major health service needs of the school student population.

**Implication:** By assessing student health needs in a school building or district, administration can better identify the scope and level of health services needed and move towards finding qualified persons who can meet the needs of the students.

## IMPACT EVALUATION OF HEALTH SERVICES

Once health care needs are identified and service programs are implemented, it is helpful to evaluate the benefits these services have on reducing absenteeism, drop-out rates, and emergency room visits. This feedback is helpful in identifying which services or combination of services have the most impact on reducing the above mentioned indicators. By reducing these rates, children are benefitting by increased and continuous school attendance instead of fragmented learning.

- **Finding:** The vast majority of school buildings have not evaluated the benefits health services, or lack of, have on student absenteeism, drop-out rates, emergency room visits.

**Implication:** Without comparative data on student absenteeism, drop-out rates, and emergency room visits, it is impossible to document the impact of implementing additional health services, or enhancing existing health services.

## HEALTH SERVICE FUNDING SOURCES

Consistent funding sources are seldom available for school health services, many school districts and buildings seek creative ways to fund these services. Because building staff provide the majority of services, no specific funds are identified as being specifically for health services but instead are covered by local general education funds (e.g., staff wages). There are other options that can be generated in order to fund health services, however, these must be sought in a creative manner, often in collaboration with other community health care agencies.

- **Finding:** Most public schools utilizing one funding source, (e.g., local general education funds) provide fewer health services than those schools who diversify their health service funding sources.

**Implication:** By prioritizing the health needs of students and diversifying funding sources within the school building budget, schools can provide more health services. Creative collaboration with community health care providers contributes to the overall, integrated approach to school health services.

## SURVEY ON SCHOOL HEALTH SERVICES

NAME OF SCHOOL BUILDING \_\_\_\_\_  
SCHOOL \_\_\_\_\_  
DISTRICT \_\_\_\_\_

1. Please put a check next to your school's method of delivering health services to the general student population.

\_\_\_\_\_ Board-employed school nurse  
\_\_\_\_\_ Contracted registered nurse  
\_\_\_\_\_ Contracted licensed practical nurse  
\_\_\_\_\_ Board-employed health aide (para-professional) with supervision from school nurse  
\_\_\_\_\_ Contracted health aide  
\_\_\_\_\_ Social worker or other mental health professional  
\_\_\_\_\_ School-based health center  
\_\_\_\_\_ School staff (secretary, principal, teachers)  
\_\_\_\_\_ Services from local hospital  
\_\_\_\_\_ Other (Please explain) \_\_\_\_\_

2. Please check all of the health services provided to general education students in your building.

\_\_\_\_\_ first aid for illness and injury  
\_\_\_\_\_ communicable disease control  
\_\_\_\_\_ case management for children with chronic health problems  
\_\_\_\_\_ immunization assessment and follow-up  
\_\_\_\_\_ physical examinations  
\_\_\_\_\_ administering medications  
\_\_\_\_\_ health counseling  
\_\_\_\_\_ home visits to discuss student health problems with families  
\_\_\_\_\_ referral to community health/medical resources  
\_\_\_\_\_ interpretation of student health problems to appropriate teaching and support staff

- ☐ mental health services and counseling
- ☐ prenatal and post-partum care
- ☐ lead screening
- ☐ vision, hearing and dental screening
- ☐ STD diagnosis and treatment
- ☐ substance abuse referral and counseling
- ☐ classroom health education/teaching activities

3. How are student health services funded in your school? Please check all that apply.

- ☐ local general education funds
- ☐ Title I funds
- ☐ state at-risk funds
- ☐ state health department funds
- ☐ community health care center funded (community hospital or HMO)
- ☐ Medicaid reimbursement funds
- ☐ Private foundation funds
- ☐ Other (Please explain) \_\_\_\_\_

4. If you employ a school nurse, please indicate certification status.

- ☐ Professional school nurse certificate
- ☐ Standard school nurse certificate
- ☐ Interim school nurse certificate

5. Has there been a health needs assessment of students conducted at your school in the past three years?

- ☐ Yes ☐ No

6. Do you have any evaluation data of the benefits of your school health services such as reduced absenteeism, reduced drop-out rates, fewer emergency room visits?

- ☐ Yes ☐ No

**DEPARTMENT OF EDUCATION  
STATE BOARD OF EDUCATION  
CERTIFICATION OF SCHOOL NURSES**

(By authority conferred on the state board of education by section 623 of Act No. 269 of the Public Acts of 1955, being §340.623 of the Michigan Compiled Laws)

**R 340.1161 Definitions.**

Rule 1. (1) "Registered nurse" means a person licensed by the state board of nursing to practice as a registered nurse.

(2) "School nurse certification" means that an interim, standard, or professional school nurse certificate has been issued to a registered nurse by the state board of education.

(3) "Year" means a contractual period between an employing school district and a school nurse and may be referred to as calendar year or academic year and either or both shall satisfy the requirements of these rules. In no case may a calendar year be counted as more than 1 year.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.

**R 340.1162 School nursing services.**

Rule 2. A professional school nursing services program is designed to enhance the educational processes of children and youth through improvement in their health status and contribute to their attainment of greater knowledge in the area of health. A program shall include:

(a) A plan for assessment and evaluation of the health and developmental status of students.

(b) Interpretation of nursing assessments and medical evaluations to students, their parents and school personnel while recognizing and maintaining the confidential nature of the information.

(c) A plan by which the health problems that interfere with a student's learning are eliminated, minimized, or understood.

(d) A system to make recommendations for modification of the educational program when student health problems are indicated.

(e) Consultation and recommendation of resources in areas of health problems and instruction.

(f) Channels for communication between the school and the home, private physician and health and social agencies in the community.

(g) Selective health guidance and counseling according to the needs of students.

(h) A team approach to educational problems of students, including studies of health problems that may affect their scholastic attainment.

(i) A plan for inservice education for school personnel including observations of the health of students, referral systems, and first aid and emergency care procedures.

(j) A system by which school personnel may initiate appropriate referral of students.

(k) Policies and procedures enabling school personnel to comply with established health laws.

(l) Policies and procedures for the prevention and control of health problems, including communicable diseases.

(m) Policies and procedures for the prevention and control of accidents and injuries.

(n) Policies and procedures for maintaining a healthful school environment.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.

**R 340.1163 Functions of the school nurse.**

Rule 3. A school nurse shall:

(a) Assess and evaluate the health and development status of students through nursing diagnosis and the use of appropriate evaluative techniques.

(b) Interpret nursing assessments of medical evaluations to the students, their parents and school personnel and provide an understanding of implications for the educational performance of students, while recognizing and maintaining the confidential nature of the information.

(c) Plan a course of action and assist students, their parents and school personnel in assuming proper roles for eliminating, minimizing, preventing, or understanding the health problems which interfere with effective learning by the student.

(d) Recommend to parents and appropriate school personnel modifications in the educational program as indicated by the health and developmental status of students.

- (e) Stimulate incorporation of health education in the school curriculum by serving on curriculum committees, serving as a consultant and resource person or participating in teacher-parent education programs.
- (f) Serve as intermediary between the school and the home, private physician, and health and social agencies regarding the health status of students and their needs for consideration in future community health planning.
- (g) Assist students and their families to obtain optimum health and well-being by stimulating behavior change through the educative process, including individual or group counseling.
- (h) Interpret health information when serving as a member of a special education placement committee or other programs in which health information is desirable.
- (i) Plan and provide inservice education, in cooperation with other appropriate personnel, for school personnel regarding health observations, referral systems and first aid and emergency care procedures.
- (j) Identify and recommend students for placement in special programs, initiate referrals for supplemental testing when health information or developmental history indicates, and refer students to appropriate personnel when necessary.
- (k) Assume leadership in the development and revision of written first aid and emergency care policies.
- (l) Recommend and implement school policies to comply with established health laws, and make specific recommendations to students and school personnel regarding immunizations and communicable diseases.
- (m) Cooperate with the administration and staff in establishing school health program policies and procedures in order that professional skills and knowledge may be used effectively in working with students, teachers, and parents.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.

#### **R 340.1164 Competencies of school nurse.**

Rule 4. (1) A school nurse shall demonstrate:

- (a) Ability to apply principles of education and learning theory in the identification of health status of students and the solution of health problems.
  - (b) Ability to recognize health factors which create obstacles and handicaps for exceptional students.
  - (c) Ability to function effectively in inservice health education for school personnel.
  - (d) Knowledge of curriculum development to participate effectively on health related curriculum committees.
  - (e) Ability to apply principles of human growth and development and to recognize variations within normal range significant to the education of the student.
  - (f) Ability to define and demonstrate the clinical and technical role of the professional nurse in the school health program.
  - (g) Ability to develop cooperatively with other school and health related professionals, a comprehensive school health program coordinating school and community resources to serve effectively the health needs of the school population.
  - (h) Ability to identify the health needs of students and understand the influence of the family, society and culture on the student's ability to cope with school health problems.
  - (i) Ability to assist students, their families and school personnel in recognizing potential and current health needs and in the development of plans for utilizing available resources to meet these needs.
- (2) These competencies shall be utilized as criteria in determining whether work experience as a school nurse has been successful.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.

#### **R 340.1165 Continuing education of school nurse.**

Rule 5. A school nurse shall submit evidence of continuing attainment of theoretical and practical knowledge in the following areas to qualify for a higher level of school nurse certification, as required in R 340.1167 to R 340.1169.

- (a) Human growth and development.
- (b) Community health problems and resources.
- (c) School health problems.
- (d) Special problems of exceptional children.
- (e) Analysis of family health and social problems.
- (f) Communication arts.
- (g) Organization and administration of the school health program, including necessary skills or understanding of curriculum development.
- (h) Learning theory.
- (i) Guidance and counseling.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.

**R 340.1166 School nurse certification criteria.**

Rule 6. (1) An application for school nurse certification shall be directed to the department of education on a form supplied or approved by the department.

(2) Credits beyond those required for a registered nurse, to be applied toward certification as a school nurse, shall be earned through an approved teacher education or nursing education institution program or accepted by the institution in transfer. The state board of education shall determine the acceptability of credits leading toward programs approved by it.

(3) A registered nurse with a currently valid license issued by the state board of nursing employed as a school nurse by an employing school district for a period of not less than 1 school year prior to June 30, 1975, and whose experience is successful as determined by the state board of education upon the recommendation of the employing school district, is eligible for a professional school nurse certificate. Application under this subrule shall be made prior to June 30, 1977.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.

**R 340.1167 Interim school nurse certificate.**

Rule 7. (1) An interim school nurse certificate may be issued, after July 1, 1975, upon request of the employing school district to an applicant who holds a currently valid Michigan license as a registered nurse.

(2) An interim school nurse certificate is valid for 2 years and may be renewed for 1 additional 2-year period upon request of the employing school district and submission of evidence of the completion of 8 semester hours of course work in a program planned to fulfill the requirements specified in R 340.1165.

(3) This rule is in effect as long as the applicant holds a currently valid Michigan license as a registered nurse.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.

**R 340.1168 Standard school nurse certificate.**

Rule 8. (1) A standard school nurse certificate may be issued, after July 1, 1975, upon request of the employing school district to an applicant who holds a currently valid Michigan license as a registered nurse and presents evidence of completion of the following requirements:

(a) Two years of work experience in public health or school nursing practice.

(b) Fifteen semester hours of work in areas of theoretical and practical knowledge as outlined in R 340.1165.

(2) A standard school nurse certificate is valid for 3 years and may be renewed for 1 additional 3-year period upon recommendation of the employing school district if the holder has completed a total of 24 semester hours of course work outlined in R 340.1165. An additional 3 years' renewal may be given upon recommendation of the employing school district if the holder has completed a total of 36 semester hours of course work outlined in R 340.1165.

(3) This rule is in effect as long as the applicant holds a currently valid Michigan license as a registered nurse.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.

**R 340.1169 Professional school nurse certificate.**

Rule 9. (1) A professional school nurse certificate may be issued, after July 1, 1975, to an applicant who holds a currently valid Michigan license as a registered nurse and presents evidence of completion of the following requirements:

(a) Three years of successful experience as a school nurse as determined by the state board of education upon recommendation of the employing school district.

(b) A baccalaureate degree in nursing or a health-related field.

(2) A professional school nurse certificate shall be valid if the holder maintains a currently valid Michigan registered nurse license.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.

**R 340.1170 School nurse certificate expiration.**

Rule 10. All certificates expire on June 30 of the expiration year indicated on the certificate.

History: 1954 ACS 87, Eff. Apr. 9, 1976; 1979 AC.



## For More Information ...

**Please contact:**

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March 29, 1999

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MEMORANDUM

TO: Superintendents of Local and Intermediate School Districts  
and Public School Academy Administrators

FROM: Pat Nichols, Deputy Director  
Curriculum Development and School Health Programs

SUBJECT: School Health Services Delivery

I am happy to share the Michigan School Health Services Report with you. This report reflects the findings of a survey that was sent to all local school building administrators in 1998. As a result of this survey, and the rapid growth in the implementation of school health services in Michigan schools, a School Health Services Workgroup was formed to explore ways to help district and building administrators in their decision-making related to providing additional health services to their students.

The workgroup, after much discussion, agreed that the attached document contains some basic information that school administrators need to have when deciding how to provide needed health services to students during school hours. Since the School Code presently does not address the delivery of health services to general education students, beyond the administration of medications, the attached document is for technical assistance only.

If you have questions, please call me at (517) 373-1486.

Attachment

## **SCHOOL HEALTH SERVICES DELIVERY QUESTIONS AND ANSWERS**

### **1. What is a “school nurse?”**

To be a “certified school nurse” in Michigan, one must demonstrate competencies in a wide range of areas including educating students regarding health promotion as well as providing direct health care services to students. The Administrative Rules of the Michigan Department of Education provide three levels of school nurse certification. Two of the certification levels, Standard School Nurse and Interim School Nurse, are temporary certifications provided to individuals working to gain the education and/or the experience required for the third and final certification level: “Professional Nurse Certification.” “Professional Nurse Certification” requires three years of successful experience as a school nurse and an appropriate baccalaureate degree. (See Appendix B in attached School Health Services Report.)

The Administrative Rules exempt public health nurses from certification. A public health nurse, defined as an individual with a baccalaureate degree in nursing or other health-related field with work experience in public health, is also qualified to work in school assignments, and may do so as part of their local health department nursing roles.

### **2. What is the first step in determining my school/district school health services needs?**

Take the time to assess the health related service needs of your students. (See Attachment A: Health Services Needs Assessment).

You may find, through the needs assessment, that you have situations in which health care services need to be provided to students in a safe and efficient manner. You may want to consider one or more of the several options available for provision of these services.

### **3. What are your school/district options to provide health related services?**

Whether interim or long-term, the following options may be available in your community:

- a. hiring a school nurse, full-time or part-time (possibly jointly with other districts, schools, or through your intermediate school district);
- b. contracting with a registered nurse either independently or through a health care provider, such as a hospital, to provide selected school health services;
- c. entering into an arrangement with your local health department for the provision of school nursing services;

- e. any non-school nurse or para-professional health service provider who is contracted from an outside agency, whether as a volunteer or agency employee, needs supervision emanating from the agency that will be responsible for covering liability. Supervisory practices and delegation practices should be agreed upon by both the outside agency and appropriate school administration personnel.
- f. any non-school nurse or para-professional health service provider who is contracted from an outside agency, whether as a volunteer or agency employee, and a school nurse employed for the first time in this position, will need formal inservice related to school laws, procedures, and protocols. These should include, but may not be limited to: confidentiality of student records, confidentiality in regard to information that a student may give to the nurse, special education and Section 504 procedures and processes.

## STUDENT HEALTH NEEDS ASSESSMENT

Please complete this needs assessment in cooperation with your teaching and secretarial staff for greatest accuracy.

Please check all of the types of health services that are required by your **general education** student population on a regular basis or are services that are needed to support the health and well-being of students and staff.

### EMERGENCY FIRST AID

- ☐ emergency first aid for injuries and illness
- ☐ crisis intervention team member
- ☐ provision of first aid and/or CPR training for designated school employees
- ☐ provision of bloodborne pathogen and universal precautions training for school employees

### COMMUNICABLE DISEASE CONTROL

- ☐ communicable disease prevention and control (head lice, scabies, hepatitis, chicken pox) which includes administration of control measures such as head checks, communication with parents and school staff
- ☐ immunization status assessment when student registers, follow-up on immunizations regarding student needs

### CHRONIC DISEASE MANAGEMENT

- ☐ medication administration
- ☐ provision of training for staff assigned to administer medications
- ☐ administration, or supervision, of students doing medical procedures such as breathing treatments, blood glucose monitoring
- ☐ training of non-health professional staff in medical procedures such as catheterization, tube feeding
- ☐ case management of students with chronic disease conditions which includes communication with family and physician, interpretation of student condition to school staff, planning for care in school setting
- ☐ making home visits, as necessary, to coordinate home-school care of students with chronic disease conditions

## LEVELS OF SCHOOL HEALTH SERVICES

## Level 1

Basic Procedures	Population Served	Practice Boundaries	Training Needed	Supervision Required	Please Note
Basic first aid, medication administration and head lice checks	Classroom screenings or individual student care	Follows procedures developed by the local school or health department and the American Red Cross  Follows the School Code (Sec. 1178) regarding administration of medications	Yes  CPR and first aid  Training in procedures used for medication administration and head lice checks	Supervised by building administration, and school nurse or contracted registered nurse  Working under physician order for medication administration	Volunteers and non-nursing personnel must be trained in school district policies regarding confidentiality and emergency procedures.

## Level 2

Expanded Services	Population Served	Independence of Practice	Training Needed	Supervision Required	Please Note
Follows protocols and procedures developed by a registered nurse or physician for medical services to students, Makes referrals to appropriate school personnel who communicate with parents  Health promotion activities, Classroom resource speaker, Staff wellness activities, Health curriculum development, Suggesting referrals to appropriate school personnel	General education student population - focus is on the well child	Role is dependent on delegated authority of a registered nurse or a physician for medical care procedures and the school administrator for other duties.	Yes  Level and extent of training dependent on duties assigned  Training in state law pertaining to health services to students, local school policies and procedures, FERPA (confidentiality) approved referral sources, etc., as needed	Ideally supervised by a school nurse or registered nurse, Supervision also given by school administrator  Works under physician orders regarding medical procedures	Non-nursing staff and/or nurse volunteers need training to teach staff and/or students about topics such as diabetes, asthma, or severe allergies  This training should be done by a certified school nurse or licensed health care professional.  Non-nursing staff will require a registered nurse or physician on site for certain wellness activities such as cholesterol screening, flu vaccines, immunizations, etc.